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CONFIRMATION NO. 9336

<b>SERIAL NUMBER</b> 10/666,364	<b>FILING OR 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> DDI-028CON1	
<b>APPLICANTS</b> Robert S. Galen, Shaker Heights, OH; John F. Burd, San Diego, CA; Talei Hoblitzell, San Diego, CA; Gebhard Neyer, Los Angeles, CA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/477,900 01/05/2000 PAT 6,670,192 which is a DIV of 08/764,320 12/12/1996 PAT 6,027,692 which is a DIV of 08/418,495 04/07/1995 PAT 5,695,949					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/12/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 27777					
<b>TITLE</b> COMBINED ASSAY FOR CURRENT GLUCOSE LEVEL AND INTERMEDIATE OR LONG-TERM GLYCEMIC CONTROL					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		